| **Accidental Damage Claim Form** | Claim Refs | SP: |
| | | M: |

Student Name	Student Number
Student Age	Form/Tutor Group
Parago Number	Serial Number

What happened? (Please give a full description of how the device became damaged, including what your son/daughter was doing at the time and what caused the damage)

Details of Damage (e.g. cracked screen)

Where did the device get damaged?
Date damaged occurred
Was the device in its case at the time?

I have turned off **FindmyiPad** (Yes/No)

I have **backed up** the device (Yes/No)

Passcode for the device

Signature…………………………………………………………………. **Date………………………………..**

Name…….

Please hand this completed form to the IT Office along with your damaged iPad.

For Office Use – This section is to be completed by IT OFFICE Staff

Date of Incident	Date of Claim
Staff Name	Position

Signature…………………………………………………………………. Date………………………………..

Claim Summery (to be completed once device returned)

Outcome:	Replacement Purchased Date:
Device Returned date:	New Serial No:
Cost to repair:	Cost of replacement device:
Device replaced (Y/N):	Date Finance Notified: